

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000002726

1. Entity Name

DEKA LASER TECHNOLOGIES, LLC



Principal Place of Business

4101 RAVENSWOOD ROAD
SUITE 320
FORT LAUDERDALE, FL 33312-5354 US

Mailing Address

4101 RAVENSWOOD ROAD
SUITE 320
FORT LAUDERDALE, FL 33312-5354 US



01262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0588374

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, MICHAEL L ESQ
888 EAST LAS OLAS BLVD., STE. 700
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JUSTEN, CHRISTOPH M
STREET ADDRESS	4101 RAVENSWOOD RD SUITE 320
CITY-ST-ZIP	FORT LAUDERDALE, FL 333125354

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000627631
02/15/07-80069-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 1-31-07